

The background of the slide features a dark blue field with several sets of concentric circles in a lighter blue color. These circles are centered at different points, creating an overlapping pattern. Additionally, there are thin, light blue lines that intersect the circles at various angles, some appearing as straight lines and others as dashed lines, contributing to a complex geometric design.

Transforming Relationships in Child Care Through Mental Health Consultation

Charles Brinamen, Psy.D.
Daycare Consultants,
Infant-Parent Program,
University of California, San Francisco

History of Mental Health Consultation

- Contributing expertise to assist another with a professional problem
- A voluntary relationship
- A collaborative endeavor
- Assumed a deficit in the “client” or consultee

Current Conceptualization of Mental Health Consultation

- Problems are viewed as transactional
- Solutions are also seen as interactional
- Premised on principles of infant mental health and dyadic intervention

Mental Health Consultation Efforts are Expanding

- Professionals from many different disciplines are providing consultation
- Consultation is occurring in a variety of early childhood settings
- The most prevalent place is child care

Changes in Child Care

- Increase in number of children
- Greatest expansion of infant care
- Increase in hours spent in care

Increase of Children with Puzzling Behaviors

Nationally 4 to 10 % of Preschool
age children are diagnosed with
emotional or behavioral problems

In child care, providers report over
30% of the children manifest
difficulties

Many Children in Child Care Display Concerning Behavior

Due to:

- Child care envisioned as protective measure
- Child care seen as place to repair relationships
- Group care overtaxing for some children

Child Care Providers Feel Unprepared

- More children with special needs
- Expanded role
- Limited training
- Little emotional support

Consultation Based On:

- Understanding current conditions in child care
- Recognition of relational experience
- Acknowledging and attending to the relationships among adults

Characteristics of the Consultation Relationship

- On-going relationship
- Regular contact through establishing meetings – a goal not a given
- Parents are involved from the beginning

Program Consultation

Addresses all practices that affect children

- Interstaff communication
- Curriculum Development
- Expectations for Children
- Staff Supervision
- Engaging Parents
- Child Development

Case Consultation: AIM

- Engage all the adults in a child's life
- Understand and respond to the needs of a particular child, thereby ameliorating difficulties in childcare

Program & Case Consultation Overlap

- A child's difficulties can reflect caregivers' problems
- Caregiver's reactions give clues about program's functioning
- A collaboration

Observing a Child

- Consider caregiver's wishes
- Evaluate the child and the "goodness of fit"
- Being uninvolved allows consultant to identify antecedents
- One source of information

Parents in Consultation

- Vital to understanding the meaning of the child's behavior/development
- Consultant asserts the importance of the parent-provider relationship
- Consultant creates a bridge of dialogue
- Consultant locates and secures referrals when necessary

Co-Construct Meaning

Constructing meaning is dependent on the consultant's ability to:

- elicit the providers' currently held attributions of the child's behavior
- develop shared assumptions about the meaning of behavior

Translate Understanding into Action

- The consultant offers her ideas and expertise
- How ideas are offered is as important as what is suggested
- An intervention strategy evolves organically

Goal Achievement

After consultation, providers rate themselves as significantly better able to:

- 1) understand the meaning of children's behavior
- 2) respond appropriately and effectively to children in distress
- 3) communicate regularly with parents

Centers Receiving Consultation Showed

- Increases in global quality (ECERS – Revised)
- Increases in caregivers' positive interactions (Arnett Scale of Caregiver Interaction)
- Improved caregiver self-efficacy (Teacher Opinion Survey)
- Shifts in staff communication

Who Does This Work?

- Mental Health Clinicians
- Early Childhood Educators
- Child Development Specialists

Consultation's Necessary Skills

- Self-awareness
- Knowledge of Infant Mental Health Principles
- Experience Working with Parents
- Knowledge of typical child development

Consultation's Necessary Skills

- Appreciation of Group Care
- Group Facilitation Skills
- Understanding of Systems & Organizations
- Curiosity and Respect for Differences

Training

- Clinical Supervision
- Didactic Training
- Case Conference
- Observations of Child Care and Consultation

The Consultant's Stance in Story Form



Wondering Instead of Knowing

- Elicits consultee's explanations
- Identifies obstacles
- Shifts perspectives
- Gains participation in the solution
- Slows process

Avoiding an Expert Stance

- Gather Information From All Participants
- Watch yours and others anxiety
- Contribute your expertise

The Relationship in Context

The provider-child relationship cannot be meaningfully considered or addressed separately from the many systems within which it exists and unfolds.

Considering Levels of Influence

- Social/bureaucratic level
- Cultural level
- Interpersonal level
- Intrapsychic level

Appreciating Another's Subjective Experience

- Creates an alliance
- Elicits understanding of attitudes, beliefs and practices
- Provides explanations about how an individual and/or system functions

Promote Perspective Without Alignment

The consultant represents the perspective of one participant to another, with the eventual aim of increasing the adults' capacity to communicate directly with one another.

Hold Parallel Process as an Organizing Principle

The consultant's way of being emanates from her conviction that the ways in which people are treated effect how they feel about themselves and treat other people.

The Aim of Consultation:

Improving the quality of relationships, especially the provider-child relationship with attention to the adult relationships surrounding the child.

Consultation Predicting Positive Outcomes

Study examined several characteristics of mental health consultation and their relation to effectiveness. The quality of the relationship between the consultant and the staff was most predictive of staff wellness and positive child outcomes.

Green, B. L., Everhart, M., Gordon, L. & Gettman, M. G. (2006)